MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3369

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park — LENGTH OF STAY (In this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location) Old Annapolis

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) FRANCIS (Last) BARNETT.

4. DATE OF DEATH: (Month) Apr. (Day) 1, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jany. 2. 1920

9. AGE last birthday: 31 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Store

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES L. BARNETT.

14. MOTHER'S MAIDEN NAME: Genevieve Goszka.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Walter Goszka, Severna Park.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure

353.3 85

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epileptic Convulsions

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Sudden (b) several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John M. Clarke M.D., Deputy Medical Examiner | Annapolis, Md | 4/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 4/4/51 | NAME OF CEMETERY OR CREMATORY: Holy Rosary | LOCATION (City, town, or county) Balto. Co. | (State) Md.

DATE REC'D BY LOCAL REG. 4/2/51 | REGISTRAR'S SIGNATURE G W Bennett | 24. FUNERAL DIRECTOR: Wm. L. Flaherty | ADDRESS 2007 Eastern Ave

VT

490 646

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3370

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; LENGTH OF STAY (in this place) 7½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville, Maryland
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Baynard
4. DATE OF DEATH (Month) (Day) (Year): 4/15/51 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1866
9. AGE last birthday: 84 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Soloman Baynard
14. MOTHER'S MAIDEN NAME: Bessie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. XXX-XX-XXXX
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Degeneration — known since 9/21/43

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

4/22/2 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with Cerebral Arteriosclerosis — " "

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 9/21/43, 19..., to 4/15/51, 19..., that I last saw the deceased alive on 4/15/51, 19..., and that death occurred at 6 A.M. m., from the causes and on the date stated above.

SIGNATURE Wm Thompson M.D. (Degree or title) ADDRESS Crownsville, Md. DATE SIGNED 4/16/51

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 4/23/51
NAME OF CEMETERY OR CREMATORY: University Med School
LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG. 4/23/51
REGISTRAR'S SIGNATURE L. D. Calbert
24. FUNERAL DIRECTOR ADDRESS: James G Hemsley 578 W Fayette St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

337 Dv

Reg. Dist. No. 2-18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turkey Pt. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shoreham Beach
STREET ADDRESS (If rural give location) Mayo, Md.

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) E. (Last) Bell - SR.

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Aug. 19 1869

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Boston, Mass

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown Bell

14. MOTHER'S MAIDEN NAME: Elizabeth Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 hours

331K 83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 20 Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 19 50, to April 20, 19 51, that I last saw the deceased alive on April 18 51, 19..., and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Vincent Gomez M. D. mayo, md — 4-20-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Apr. 23-1951 | Mt. Olivet | Wash. D.C.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Apr. 21-51 | Corrine F. Campbell. | Lee Funeral Home - 300-4 st. NE

Edw. Collinson

470746

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3372

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 218 King George St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 218 King George St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) JOSEPHINE (Last) BLAND

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 26, 1869

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: MARY J. MITCHEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Mr. John D. Bland Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Rectum. — 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart disease — Some yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Some yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to April 22, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE: George C. Bond (Degree or title) M.D. ADDRESS: Annapolis Md. DATE SIGNED: 4-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-25-1951 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: April 24 1951 — REGISTRAR'S SIGNATURE: W. F. Brauch

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3373

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY aa; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susan	A.	Brown	4 -	15 -	1951

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.		5-14-1862	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
House work	Home	Mayo. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicholas P. Collison	Susan E. Hubbard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	Mrs Pritland Beard Catonsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Stomach	Several months
151X 46 Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis chr. & Myocardial	Several months
	(c) Anasarca	Several months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — unk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 7, 1951, to April 15, 1951, that I last saw the deceased alive on April 15, 1951, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C Boxell	M.D.	Annapolis Md	4-17-51

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	4-18-51	Cedar Bluff	Annapolis	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 18, 1951	Mrs. D. Smith	John M. Sayler Son	Annapolis Md.

3374

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: anne arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Heights — LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Heights
STREET ADDRESS (If rural, give location): 1/3 Franklin Ave

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) R. (Last) Buchal

4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 51 19

5. SEX: M.

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 6/23/1873

9. AGE last birthday: 77 yrs.

If under 1 year: Months — Days
If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk Balto. Bureau Health

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore - Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Buchal

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. F. R. Buchal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93e (b) Myocarditis - Paralysis

(c) Agitans

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1951, to 4/12, 1951, that I last saw the deceased alive on 4/11, 1951, and that death occurred at 915 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John A. Schmuck M.D. — ADDRESS: 3375 S. Charles St. — DATE SIGNED: 4/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/16/51 — NAME OF CEMETERY OR CREMATORY: Holy Cross — LOCATION (City, town, or county) (State): Ritchie Highway

DATE REC'D BY LOCAL REG. 4/16/51 — REGISTRAR'S SIGNATURE: R. W. Fredrick Jr.

24. FUNERAL DIRECTOR: J. J. Fahey Sons — ADDRESS: 1218 Light St

390649

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3375

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A1

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton Rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Fort Meade, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton; STREET ADDRESS 28 Carroll Ave. (If rural, give location) Meadevale

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Patrick (Last) Buckley

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 51

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mason

10b. KIND OF BUSINESS OR INDUSTRY: Const. Service

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Buckley

14. MOTHER'S MAIDEN NAME: Catherine O'Hennessey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WWI

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Mrs. Madge Buckley (wife) 28 Carroll Ave, Meade

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular accident — Interval Between Onset and Death: 2 hrs.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 19 51, to 1 April, 19 51, that I last saw the deceased alive on 1 April, 19 51, and that death occurred at 1410 p.m., from the causes and on the date stated above.

SIGNATURE Joseph C. D'Antonio (Degree or title) Major, MC ADDRESS Ft. Meade Army Hosp. DATE SIGNED 4 Apr 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4 Apr 51; NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cemetary; LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 4 Apr 51

REGISTRAR'S SIGNATURE: Paul W. Mitchell

24. FUNERAL DIRECTOR ADDRESS: PAUL W. MITCHELL, 1st Lt MSC Lilly & Zeiler Inc., Baltimore, Md.

340906

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3378

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum | LENGTH OF STAY (in this place) 18 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 W. Greenwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
STREET ADDRESS (If rural give location) 305 W. Greenwood Rd

3. NAME OF DECEASED (Type or Print) (First) Georgiella (Middle) Louise (Last) Burke.

4. DATE OF DEATH (Month) April (Day) 7 (Year) 1951

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH May 23-1861 | 9. AGE last birthday 89 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None. | 10b. KIND OF BUSINESS OR INDUSTRY None. | 11. BIRTHPLACE (State or foreign country) N. Y. City | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Bruce Barrett | 14. MOTHER'S MAIDEN NAME Mary Bradley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none. | 17. INFORMANT Mrs. Lola ~~Snyder~~ - Schneider

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Haemorrhage	6 days.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Arterio - Sclerosis	10 ~~years~~ yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis | 10-15 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 4-7, to 4/7/51, 19 51, that I last saw the deceased alive on April 7, 1951, and that death occurred at 11 47 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Chas. L. Ball, Jr. | Linthicum | 4/7/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE THEREOF 4/10/51 | NAME OF CEMETERY OR CREMATORY London Park | LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. APR 9 1951 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St

AGE: affidavit of James McDaniel, son of deceased, filmed 5-4-51 G132.L Also G133 5/24/51 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23377

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 3 mos. 7 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital	STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Susie	Ann	Burton	4/25/51 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	colored	widowed	6/6/77 1886	78/1965 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	none	Kent Island, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Owens Watkins	Susie Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
*****	*****	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X 830

Immediate cause (a) Cerebral Hemorrhage — known since 4/14/51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arterioscloersis — known since 1/18/51

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none m.		none

22. I hereby certify that I attended the deceased from 1/18/51, 19..., to 4/25/51, 19..., that I last saw the deceased alive on 4/25/51, 19..., and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE:	(Degree or title) ADDRESS	DATE SIGNED
Jesse Thompson M.D	Crownsville, Md.	4/25/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	April 28-51	Chester	Chester Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/27-26/51	Ruth Joyce	Lewis A. Henry	

72 0826

NOTE: In addition to aff. used (other side), see Dr.Morgantstern's letter (under Burton) filmed 5-7-51 G132 showing that Crownsville awaits ruling fromMENTAL HYGIENE on these amendments of death records. L (ok'd by BFVA)

Crownsville's informant is same as our informant on affidavit. L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3378

Reg. Dist. No. 29

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orchard Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1106 Riverside Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orchard Beach
STREET ADDRESS (If rural, give location) 1106 Riverside Drive

3. NAME OF DECEASED (Type or Print): (First) Julius (Middle) (Last) Cisk

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: (Specify) Married

8. DATE OF BIRTH: 4/27/1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Slaughter Abattoir

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Cisk

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-05-8146

17. INFORMANT AND ADDRESS: Barbara Cisk Orchard Beach A.A.Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute myocardial infarction	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure 420.1	1 year
(c) Hypertension 932	Not known
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peripheral arteriosclerosis	not known

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 30, 1950, to Apr. 20, 1951, that I last saw the deceased alive on Apr. 18, 1951, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Randall M. McLaughlin, M.D. Pasadena, Md. April 20, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/23/51
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. April 21 1951
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc. 1217 St. Paul St.

583406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3379

Reg. Dist. No. 81 5 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville; LENGTH OF STAY (in this place) 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 1808 Madison Avenue

3. NAME OF DECEASED (Type or Print): (First) Charles; (Middle) Fenton; (Last) Coates

4. DATE OF DEATH: (Month) (Day) (Year) 4/25/51 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: ~~not known~~ about 1873

9. AGE last birthday: 78(?) yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): butler

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~(If yes, give war or dates of service)~~

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	known since fifteen years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
4/22.2 932	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic, Paranoid Type known since 10/20/15

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) nohe (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 10/20/15, 19....., to 4/25/51, 19....., that I last saw the deceased alive on 4/25/51, 19....., and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE Jacob Mayerson M.D. (Degree or title) ADDRESS Crownsville, Md. DATE SIGNED 4/25/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal; DATE THEREOF 4/30/51; NAME OF CEMETERY OR CREMATORY University Med. School; LOCATION (City, town, or county) Baltimore; (State) Md.

DATE REC'D BY LOCAL REG. 4/30/51; REGISTRAR'S SIGNATURE L. J. Dr Alba

24. FUNERAL DIRECTOR Frances A Hemsley; ADDRESS 518 W Biddle St 790 WW

Item #9 on: ww

FHA No. G 132 APR 26 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3380

Reg. Dist. No. 28 —

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 2½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harre De Grace,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace, Maryland
STREET ADDRESS (If rural, give location) 516 Freedom Alley ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Amos		Collins	April	14	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Negro	single	July 3 1930	20 ~~21~~ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	—	Princess Anne Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Baker	Mrs. Lila Cohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Elijah Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 — **Immediate cause** (a) Pulmunary Tuberculosis — Interval between onset and death: Known to

131 — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — us since

(c) — Sept.30.48

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30/48, 19..., to 4/14, 1951, that I last saw the deceased alive on 4/14/, 1951, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE Jacob Mayerstein (Degree or title) M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Apr. 18, 1951	St. James Cem.	Havre de Grace	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 18	R. M. Gail	R. Madison Mitchell	Havre de Grace, Md.

Evidence for addition of 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

FILM No. G 132 APR 13 1951

3381

Reg. Dist. No. 21 023

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villas Pasadena P. O.; LENGTH OF STAY (In this place) 10 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena P. O.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Villas	STREET ADDRESS (If rural, give location) The Villas, Lake Shore Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET	MARY	CRAFT	April	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White		Oct. 17, 1914	36 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Oregon, (Portland)	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gilbert Johnson	Agnes O'Donnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	550-16-8029	William J. Craft, Pasadena P. O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

903.0 **Immediate cause** (a) Skull fracture

186a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Subdural and subarachnoid hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home - The Villas	(CITY OR TOWN) Pasadena PO	(COUNTY)	(STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY 4/3/51 - 12 noon.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? fell to floor while intoxicated		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William J. Scott		700 Fleet St., Balto 2, Md.	April 4, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Apr. 6, 1951	Baltimore National	Baltimore,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/6/51	L. [illegible]	Thomas W. Singleton;	Glen Burnie, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

B382

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) E (Last) Denny
4. DATE OF DEATH: (Month) Apr. (Day) 1 (Year) 1951

5. SEX: Fem.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 28 1910
9. AGE last birthday: 41 yrs. If under 1 year: Months / Days 4 If under 24 hrs.: Hours / Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Shadyside
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aubrey Matthews
14. MOTHER'S MAIDEN NAME: Alida Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Courtney Denny (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetic Coma — 1 d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Syphilitic Heart Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy — ?

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-, 1951, to 4-1-, 1951, that I last saw the deceased alive on 4-1-, 1951, and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank M. Shipley M.D.	63 College Ave Annapolis	4/2/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Apr. 4 1951	St. Matthews	Shadyside Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 3, 1951	[signature]	Arnold A. Johnson	Annapolis

720826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3385

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A.A. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Pk.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Pk.; STREET ADDRESS (If rural, give location) 5321 4th Street

3. NAME OF DECEASED (Type or Print): (First) LEO (Middle) P. (Last) DEVLIN

4. DATE OF DEATH: (Month) (Day) (Year) 4/21/51 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 12/16/1898

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Lehigh Co.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Disease — Interval Between Onset and Death: 4 yrs.

4/16X Antecedent cause(s) (b) & Auricular Fibrillation and

9 5b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1951, to April 21, 1951, that I last saw the deceased alive on April 21, 1951, and that death occurred at 11 05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Michael L. DeVincentis — ADDRESS: 11 East Chase St. — DATE SIGNED: 4/23/51

23. BURIAL, CREMATION REMOVAL (Specify): B — DATE: 4/25/51 — NAME OF CEMETERY OR CREMATORY: Sky View — LOCATION (City, town, or county) (State): Tamaqua, Pa.

DATE REC'D BY LOCAL REG.: April 23, 1951 — REGISTRAR'S SIGNATURE: Ida M. Whitman

24. FUNERAL DIRECTOR: James L. DeLeon — ADDRESS: - 130 E. Fort Ave.

650216

MARYLAND STATE DEPARTMENT OF HEALTH

3384

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Annapolis
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earnest	I.	Norman Jr	April	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	March 9, 1950	1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Single	St Margarets Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Earnest I Norman Sr.	Margaret Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Margaret Butler, St. Margarets Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	2 days.
754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital Heart Disease	1 yr.
1572	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/9, 1951, to 4/10, 1951, that I last saw the deceased alive on 4/10, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sheridan L. Johnson	Med.	40 Northland Ave Annapolis Md	4/12/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 13, 1951	Brookneck	Edmonds Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 12, 1951	[signature]	J. B. Johnson	Annapolis Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3385

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater; LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gingerville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location) Gingerville Road.

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) JOHN (Last) DUNN

4. DATE OF DEATH: (Month) Apr. (Day) 9 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~. (Specify)

8. DATE OF BIRTH: Oct. 8 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Pullman Co.

11. BIRTHPLACE (State or foreign country): Ohio.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Bernard Dunn

14. MOTHER'S MAIDEN NAME: Anna Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No. 210-05-2498

17. INFORMANT AND ADDRESS: Mrs. M. J. Dunn, Edgewater M

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilatation of Heart	Sudden
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular hypertensive disease	Untrom
61	(c) Diabetes mellitus	20 or more years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

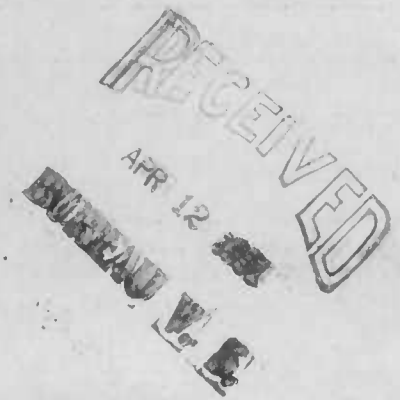
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Cathey M.D. Deputy Medical Examiner Annapolis Md. 4/9/51.

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) | DATE THEREOF 4-12-51 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. April 12, 1951 | REGISTRAR'S SIGNATURE Edward Collinson | 24. FUNERAL DIRECTOR John M. Taylor Son | ADDRESS Annapolis Md.

VV506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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3386

Item 9 on: FHM No. G 132 MAY 14 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, CHURCHTON
LENGTH OF STAY (in this place) 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural, give location) CHURCHTON

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) LYCURGUS (Last) EAGLE

4. DATE OF DEATH (Month) APR. (Day) 27 (Year) 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH July 25 1877

9. AGE last birthday 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DETECTIVE

10b. KIND OF BUSINESS OR INDUSTRY RAILROAD

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME LYCURGUS EAGLE

14. MOTHER'S MAIDEN NAME SARA WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 718-10-6420

17. INFORMANT AND ADDRESS SON - CHURCHTON P.O. MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ANGINA PECTORIS — Interval between onset and death: 4 YRS

420.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CHRONIC CARDIAC VALVULAR DISEASE.

(c) ARTERIO-SCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 2, 1951, to APR 27, 1951, that I last saw the deceased alive on 25 APR, 1951, and that death occurred at 9.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Nathaniel E. Lancaster M.D. Churchton, Maryland Apr. 27/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 4/30/51

NAME OF CEMETERY OR CREMATORY Rockville Union Cem.

LOCATION (City, town, or county) (State) Rockville, Md.

DATE RECD BY LOCAL REG. 4/27/51

REGISTRAR'S SIGNATURE H.M. Clayton

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bath. 776 506 Md.

VS. A15 — 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3387

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterbury — HOSPITAL OR INSTITUTION OR STREET ADDRESS — MARYLAND — LENGTH OF STAY (in this place) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterbury — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Basil (Middle) [illegible] (Last) Edwards

4. DATE OF DEATH: (Month) Apr. (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Feb. 1871

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (hired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waterbury

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Edwards

14. MOTHER'S MAIDEN NAME: Jane (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: James Thomas,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-vascular disease

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20-48, 19..., to 4-25-51, 19..., that I last saw the deceased alive on 4-24-51, 19..., and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: G. T. Alley — (Degree or title) M D — ADDRESS 10 Carroll — DATE SIGNED 4-26-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF Apr. 28/51 — NAME OF CEMETERY OR CREMATORY John Westley — LOCATION (City, town, or county) Waterbury — (State) Md.

DATE REC'D BY LOCAL REG. April 27 1951 — REGISTRAR'S SIGNATURE K. M. Joyce — 24. FUNERAL DIRECTOR — ADDRESS Annapolis

26 — 820105

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3388

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn; MARYLAND; LENGTH OF STAY (in this place) 23 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Anne Arundel COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn; STREET ADDRESS (If rural, give location) 4024 Belle Grove Rd

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E (Last) Frye

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 5 1864

9. AGE last birthday: 93 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Alexandria Va

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Joseph Johnson

14. MOTHER'S MAIDEN NAME: Elizabeth Chauncey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Russell M Frye 4024 Belle Grove Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 3 wks

B31X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 19 57, to 4-24, 19 57, that I last saw the deceased alive on 4-24, 19 57, and that death occurred at 12:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eugene Fleischer M.D. 3904 S Hanover

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF April 27 1957 | NAME OF CEMETERY OR CREMATORY Elder Hill | LOCATION (City, town, or county) (State) A.A. Co Md

DATE REC'D BY LOCAL REG. 4/25/57 | REGISTRAR'S SIGNATURE Rev. Hodrick | 24. FUNERAL DIRECTOR ADDRESS C.B. Leland Evans 1440 S Charles

Dr

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3389

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 Southgate Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Md

STREET ADDRESS (If rural, give location): 50 Southgate Ave.

3. NAME OF DECEASED (Type or Print): (First) STELLA (Middle) (Last) GARDNER

4. DATE OF DEATH: (Month) (Day) (Year): APRIL 27, 1951 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 24, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Clarksburg, West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Issac Wright

14. MOTHER'S MAIDEN NAME: Sally Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Virginia Loper Wheeling, West Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Rectum — Interval Between Onset and Death: 2 yrs.

154X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

462

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Several yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to April 27, 1951, that I last saw the deceased alive on April 27, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: George C. Bond (Degree or title) M.D ADDRESS: Annapolis Md DATE SIGNED: 4-28-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 4-30-51 | NAME OF CEMETERY OR CREMATORY: Cedar Bluff | LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: April 30, 1951 | REGISTRAR'S SIGNATURE: [illegible] French

24. FUNERAL DIRECTOR: B.L. Hopping and Son ADDRESS: Annapolis, Md.

Items 8,9: Mrs. Gehre's (informant's) letter, notarized, filmed 5-2-51 G132 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3390

CERTIFICATE OF DEATH

Reg. Dist. No. 21+23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 206 Georgia Ave. N.E.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): 206 Georgia Ave. N.E

3. NAME OF DECEASED (Type or Print): (First) Arno (Middle) Alwin (Arthur) (Last) Gehre

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 20, 1878 — **AGE last birthday**: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

9. 1879

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine Eng'r (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Annapolis Matapeake Ferry

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-03-1901 A

17. INFORMANT: Mrs. Amanda Gehre, 26 Georgia Ave. N.E. Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 6 Mo.

420.1 / 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1951, to 3/10, 1951, that I last saw the deceased alive on 3/10, 1951, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

SIGNATURE: Charles R. MacDonald — (Degree or title) M.D. — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 4-10-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 13, 1951 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/11/51 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Thomas W. Singleton, Glen Burnie, Md.

240546

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28 — 3391

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville; LENGTH OF STAY (In this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 543 W. Lafayette Avenue

3. NAME OF DECEASED (Type or Print): (First) Flora (Middle) (Last) Grant
4. DATE OF DEATH: (Month) 4/16/51 (Day) (Year) 19

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: about 1873 not known
9. AGE last birthday: 65(?) yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): not known
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. XXXXXX
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Paresis — known since 9/16/50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 025 X 30 b

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 9/16/50, 19..., to 4/16/51, 19..., that I last saw the deceased alive on 4/16/51, 19..., and that death occurred at 5:45 P.M. m., from the causes and on the date stated above.

SIGNATURE Theodore Neuenschwander M.D. (Degree or title)
ADDRESS Crownsville, Maryland
DATE SIGNED 4/16/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: 4/19/51
NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem
LOCATION (City, town, or county): Balto.
(State): Md.

DATE REC'D BY LOCAL REG.: 4/18/51
REGISTRAR'S SIGNATURE: W W Adams
24. FUNERAL DIRECTOR: Mrs Katie R. Williams Schroeder
ADDRESS 3224

JT

720826

MARYLAND STATE DEPARTMENT OF HEALTH 3392

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY anne arundel, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN friendship; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland. COUNTY a. a.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN friendship; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) maggie (Middle) Red- (Last) gray

4. DATE OF DEATH: (Month) april (Day) 22, (Year) 1951

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, (DIVORCED), (Specify)

8. DATE OF BIRTH: june 2, 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer. maid

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): maryland.

12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME: Dennis Reed.

14. MOTHER'S MAIDEN NAME: X Harriet Ann Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY NO.: no.

17. INFORMANT AND ADDRESS: John H. Mitchell. Friendship, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral hemmhage.

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension + arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none -

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from april 20, 1951, to april 22, 1951, that I last saw the deceased alive on april 21, 1951, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emily H. Wilson M.D. Lothian, Md. 4/23/51

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE 4-25-51 | NAME OF CEMETERY OR CREMATORY Mt Hope. | LOCATION (City, town, or county) Calvert Co. (State) md

DATE REC'D BY LOCAL REG. 4/23/51 | REGISTRAR'S SIGNATURE ~~E. H. Ward~~ W. R. Clayton

24. FUNERAL DIRECTOR ADDRESS: P.E. Sewell. Prince Frederick, Md

720896

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3393

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Ditto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis
STREET ADDRESS (If rural, give location) St. Margarets

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Gray
4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 19, 1888
9. AGE last birthday: 63 yrs. If under 1 year: Months 2 Days 26 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worked on farm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Isabella Gray R.F.D.2, Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Bronchio - Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
491X 1312
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 23, 1957, to April 14, 1957, that I last saw the deceased alive on April 14, 1957, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE: R. L. Richardson M.D. (Degree or title) ADDRESS: Penn St. Annapolis DATE SIGNED: 4/16/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 18, 1951 — NAME OF CEMETERY OR CREMATORY: Broadneck cemetery — LOCATION (City, town, or county) (State): Shadmore Md.

DATE REC'D BY LOCAL REG.: April 18, 1951 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Annie A. Johnson, Annapolis Md — ADDRESS

82.105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3394

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convlesent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 18 Hill Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) R. (Last) GRONER

4. DATE OF DEATH: (Month) (Day) (Year) APRIL 11, 1951 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 2, 1869

9. AGE last birthday: 81 yrs. — If under 1 year: Months 10 Days 9 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. Hartwell L. Groner Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarction of myocardium — Several years

420.1 932 (c) Emphysema — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1951, to 4-11, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 1.17 A.M. m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

George C. Bond M.D. Annapolis Md 4-12-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 13, 51 — NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery — LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. April 13, 1951 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS B.L. Hopping and Son Annapolis, Md.

3395

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: A.A. Co. Jewell — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jewell
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home Jewell Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jewell, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Edward (Last) Hall

4. DATE OF DEATH: (Month) Apr. (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 4, 1894

9. AGE last birthday: 66 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer tenant

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Jewell, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Hall

14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Charles Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	3 hrs.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertensive C V R Disease	Unknown
	(c) Chr cardiac decompensation	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Aug....., 19 47., to 23 Apr....., 19 51., that I last saw the deceased alive on 20 Apr....., 19 51., and that death occurred at 1.40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R B Barnes — ADDRESS: Mt Nebo Upper Marlboro Md — DATE SIGNED: 23 Apr 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF**: 4/26/51 — **NAME OF CEMETERY OR CREMATORY**: Union Chapel — **LOCATION** (City, town, or county) (State): Jewell, Md.

DATE REC'D BY LOCAL REG.: 4/26/51 — **REGISTRAR'S SIGNATURE**: W.K. Clayton

24. FUNERAL DIRECTOR: Leroy E. Berry — **ADDRESS**: Dr. Frederick, Md.

100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3396

Reg. Dist. No. 22

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (In this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland House Correction

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1236 Edythe St.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) ---- (Last) Haskins

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1-15-1900

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S ~~MAIDEN~~ NAME: Ida Haskins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Ida Haskins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure .	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-vascular disease	10+ yrs.
	(c)	

443x
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ----

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17 19 51, to April 19, 19 51, that I last saw the deceased alive on April 18, 19 51, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John A. Clark — John A. Clark, M.D. Physcian in Charge MHC. Jessups, Md. — 4-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 25-51 — NAME OF CEMETERY OR CREMATORY: Augustus memorial Pk — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REGISTRAR: April 20-51 — REGISTRAR'S SIGNATURE: Mara Haskins

24. FUNERAL DIRECTOR: Robert E. Williams — ADDRESS: 1515 McElderry St

990 WM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

3397

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 132 APR 13 1951

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park; LENGTH OF STAY (In this place) Inf; HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 N. Hilltop Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY AA; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park; STREET ADDRESS (If rural, give location) 108 N. Hilltop Ave.

3. NAME OF DECEASED (Type or Print): (First) RITA (Middle) VIRGINIA (Last) HAYDEN

4. DATE OF DEATH: (Month) Apr. (Day) 3 (Year) 19 51

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feby. 8, 1951

9. AGE last birthday: yrs. — If under 1 year: Months — Days 2 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herbert Hayden

14. MOTHER'S MAIDEN NAME: Pauline Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Herbert Hayden 108 N Hilltop Ave Brooklyn Pk Baltimore 25 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

772.0 Immediate cause (a) MALNUTRITION

158 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Nutritional maladjustment (4/13/51 akc)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Russell S Fisher MD — ADDRESS: 700 Fleet ST Balto — DATE SIGNED: 4/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): B. — DATE THEREOF: 4.4.51 — NAME OF CEMETERY OR CREMATORY: Meadowridge — LOCATION (City, town, or county) (State): Balto.

DATE REC'D BY LOCAL REG.: April 3, 1951 — REGISTRAR'S SIGNATURE: Ida M. Whelan — 24. FUNERAL DIRECTOR: James L. McElroy — ADDRESS: 130 E. Fort Ave

102-081-335404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3398

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 / 3 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 16½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural, give location) 1100 McCulloh St.,

3. NAME OF DECEASED (Type or Print) (First) Medora (Middle) Taylor (Last) Hemsley
4. DATE OF DEATH (Month) April (Day) 6 (Year) 1951

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1894
9. AGE (last birthday) 57 yrs. If under 1 year: Months – Days – If under 24 hrs.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife and Domestic
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Elijah Taylor
14. MOTHER'S MAIDEN NAME Emma Stuart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – – – (If yes, give war or dates of service) – – –
16. SOCIAL SECURITY NO. – – – –
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Known to us since 12/12/34

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) – – – –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) – –
(CITY OR TOWN) – – – – – – – – (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) – – – – – – m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? – – – – – – – –

22. I hereby certify that I attended the deceased from 10/13/41 19...., to 4/6/ , 19 51 that I last saw the deceased alive on April 5, , 19 51 and that death occurred at 4:30 a. m., from the causes and on the date stated above.

SIGNATURE Jacob Morgenstern M.D. (Degree or title)
ADDRESS Crownsville, Maryland
DATE SIGNED 4/6/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 4/20/51
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) (State) Balto City Md

DATE REC'D BY LOCAL REG. 4/20/51
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR Frances A Hemsley
ADDRESS 578 W Biddle St

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3399

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Annapolis, MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town); LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNAPOLIS GENERAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN Baltimore, Md.; STREET ADDRESS (If rural, give location) 1649 E. North Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary Alice (Middle) (Mollie) (Last) Hitchcock

4. DATE OF DEATH: (Month) Apr. (Day) 25 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 4, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Euhler

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-22-9043

17. INFORMANT AND ADDRESS: Mr. Walter J. Hitchcock 1649 E. North Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: 1 day

420.0 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 3 Yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to 4-25-, 1951, that I last saw the deceased alive on 4-25-, 1951, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James R. Trader M.D. ADDRESS Annapolis, Md. DATE SIGNED 4-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Apr. 28, 1951; NAME OF CEMETERY OR CREMATORY: Most Holy Reedemer; LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4-26-51; REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Henry Sander & Sons, Inc. Balto. 13, Md. ADDRESS: Henry J. Sander

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3411(1)

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 12 Greenville St

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) Holland (Last)

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1951

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 10, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months 11 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Working with Building Contractors.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): U. S. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Holland

14. MOTHER'S MAIDEN NAME: Elizabeth Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph Holland, 12 Greenville st. Anna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular, Arteriosclerotic Hrt Disease — Interval Between Onset and Death: 4 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

420.1
932

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 4/10, 1951, that I last saw the deceased alive on 4/9, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Mamie K Lowans, MD — ADDRESS: Annapolis Md — DATE SIGNED: 4/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 13, 1951 | NAME OF CEMETERY OR CREMATORY: Brewer Hill | LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: April 13, 1951 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: J.B. Johnson — ADDRESS: Annapolis, Md.

290 246

3401

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margarets; LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2 Box 484

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis RFD #2 Box 484
STREET ADDRESS (If rural, give location) St. Margarets

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) E (Last) HUGHES

4. DATE OF DEATH: (Month) (Day) (Year) April 17, 1951 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 31, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. 272-14-2560

17. INFORMANT AND ADDRESS RED # 2 Box 484
Mrs. Harold H. Little Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Sudden

420.1 / 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis chr. + myocardial — 4 years

(c) Dumping.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Several years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to April 15, 1951, that I last saw the deceased alive on April 7, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C. Basil M.D. Annapolis Md 4-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-17-51

NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery

LOCATION (City, town, or county) (State): Glen Burnie, Maryland

DATE REC'D BY LOCAL REG.: April 16, 1951

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: B.L. Hopping and Son Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3402

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
LENGTH OF STAY (in this place): 11 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	Johnson	Hughey.	April	19	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
Male	White		Oct 22, 1897	53 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant	U.S. Govt. Maritime Comm	Portland, Maine	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fred Hughey	Ella Knowles.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	W.W.I.	None.	Mrs Paul Hughey - Gambrills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	4 Mo Jan 1951.
180X Antecedent cause(s)	(b) Hypernephroma	4 Mo Jan 1951
52a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1950., to April 19, 1951., that I last saw the deceased alive on April 18, 1951., and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward J Hewett	M.D.	Gambrills Md	4-19-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4-23-51	ARLINGTON NATIONAL	ARLINGTON, VA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-23-51	K. M. Boone	B.L. HOPPING & SON	ANNAPOLIS, Md.

000916

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3403 Reg. Dist. No. 22

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Laurel
LENGTH OF STAY (in this place) 2 years 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 530 Morton St. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joan	Melne	Jackson	April	2	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	colored	single	Aug 31, 1941	9 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Washington D.C.	U.S.A.

13. FATHER'S NAME: John Melvin Jackson

14. MOTHER'S MAIDEN NAME: Mary Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		D. T. S. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bilateral bronchopneumonia	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

491X
87e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Spastic quadriplegia, epilepsy, idiocy — since birth

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-28-, 1951, to 4-2-, 1951, that I last saw the deceased alive on 4-2-51, 19....., and that death occurred at 8 55 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. A. Alston, M.D.		District Training School, Laurel, Md.	4-2-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr 4-51	Woodlawn	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 4-51	Clara Kaslup	Lahneys	1361 - Florida Ave NE Wash. DC

MARYLAND STATE DEPARTMENT OF HEALTH 3404

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: A. A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 29 Johnson St

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) (Last) JENNINGS

4. DATE OF DEATH: (Month) Apr. (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 7/20/1904

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Construction

10b. KIND OF BUSINESS OR INDUSTRY: Home Work

11. BIRTHPLACE (State or foreign country): Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ted Jennings

14. MOTHER'S MAIDEN NAME: Martha Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Edward Jennings - Nephew Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — uncertain

420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Caffey M.D. Deputy Medical Examiner Annapolis Md 4/27/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4/30/51 | NAME OF CEMETERY OR CREMATORY Brewer Hall | LOCATION (City, town, or county) Rte 2 Annapolis (State) Md.

DATE REC'D BY LOCAL REG. April 30, 1951 | REGISTRAR'S SIGNATURE W. S. French | 24. FUNERAL DIRECTOR Wm. C. Carlisle Nicholson | ADDRESS 45 Northwest

290-24

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3405

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conoway; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS in woods off Route #301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 15 E. - ST. N.W.

3. NAME OF DECEASED (Type or Print): (First) ROSSIE (Middle) C. (Last) KEATTS

4. DATE OF DEATH: (Month) Apr. (Day) 21 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: W.

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: 4-19-1891

9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAXI-DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: TAXI-CAB

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Florence Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs R.C. Keatts - 15 E St N.W. Washington D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon - Monoxide poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suicide

(c)

INTERVAL BETWEEN ONSET AND DEATH

973.1
163M

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ~~Home~~ | (CITY OR TOWN) CONOWAY | (COUNTY) A.A. | (STATE) MD

TIME OF INJURY (Month) (Day) (Year) (Hour) unknown m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Connected garden hose from exhaust to cab

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John M. Claffy, M.D. Deputy Medical Examiner | Annapolis Md. | 4/21/51

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) | DATE THEREOF April 22, 1951 | NAME OF CEMETERY OR CREMATORY S.H. Hines Co. | LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REG. April 22, 1951 | REGISTRAR'S SIGNATURE R. M. Joyce | 24. FUNERAL DIRECTOR S.H. Hines Co | ADDRESS Washington D.C.

682626

3406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural, give location) 29 Maryland Ave

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) BASIL (Last) LADAS
4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 3-29-51
9. AGE last birthday: yrs. — If under 1 year: Months — Days 6 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Basil John Ladas
14. MOTHER'S MAIDEN NAME: Athena Katsereles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Basil J. Ladas Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral Bronchial Pneumonia — 36 hours

763.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

107 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1951, to 4-3, 1951, that I last saw the deceased alive on 4-3, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
George C. Boak M.D. Annapolis Md 4.4.51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF 4/5/51 — NAME OF CEMETERY OR CREMATORY St. James — LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. April 5, 1951 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS John M. Taylor & Son Annapolis Md.

20329191 H05

3407

Dr Boul

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: South River (Rural)
STREET ADDRESS (If rural, give location): Edgewater Post Office

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	R	LARRIMORE	April 13, 1951 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Feb. 21, 1863	88 yrs.	1	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Florist	Flower	South River, A.A. Co. Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Richard Larrimore	Hannah Deale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	NONE	Mr. Edward W. Larrimore Edgewater, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis & Myocardial	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Slapping	
422.1 930	(c) Generalized Arteriosclerosis	several yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug, 1950, to Apr 13, 1951, that I last saw the deceased alive on April 13, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C. Boul	M.D.	Annapolis Md	4-15-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-15-51	Family Cemetery	South River, A.A. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 15, 1951	[signature]	B.L. Hopping and Son	Annapolis, Md.

930 626

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3408

Reg. Dist. No. 2H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riviera Beach
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Solley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: del Anne Arun-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riviera Beach
STREET ADDRESS (If rural, give location): Solley Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	MATHEWS	LEIBOLD	Apr.	20	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	married	July 5, 1879	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookbinder
10b. KIND OF BUSINESS OR INDUSTRY: Gov't. Printing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Georga Leibold
14. MOTHER'S MAIDEN NAME: Rebecca Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Mamie Leibold Solley Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — 10 yrs

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs

934.2 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At wnrk ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from March 1, 1951, to April 20, 1951, that I last saw the deceased alive on 4/19, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Brady Smith	M.D.	Riviera Beach, Md.	4/20/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/24/51	Balto. National Cem.	Balto., Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 21st 1951	R.W.	Wm. J. Grahemer & Son	Balto Md.

502416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3409

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater, Md.
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: ANNE ARUNDEL COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: EDGEWATER, Md.
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Gertrude (Last) Lettau

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: June 17, 1884

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Joseph Wheeler

14. MOTHER'S MAIDEN NAME: Condon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Bernard F. Lettau, husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis, Acute — 2 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5 51, 19..., to April 7 51, 19..., that I last saw the deceased alive on April 7, 19 51, and that death occurred at 4 p m., from the causes and on the date stated above.

SIGNATURE: Vincent Gould M. D.
(Degree or title)
ADDRESS: mayo, md.
DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 11, 1951
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem-
LOCATION (City, town, or county) (State): Suitland, Pr Geo's Md.

DATE REC'D BY LOCAL REG.: Apr. 7, 1951
REGISTRAR'S SIGNATURE: Edward Collinson
24. FUNERAL DIRECTOR: Arthur Walters
ADDRESS: 254 Carroll St Takoma Park 06

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3446

Reg. Dist. No. ~~346~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Shady Side
LENGTH OF STAY (In this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Idlewilde

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shady Side - Rural
STREET ADDRESS (If rural, give location) ~~390~~ Idlewilde

3. NAME OF DECEASED (Type or Print): (First) Clearence (Middle) Ernest (Last) Loomis
4. DATE OF DEATH: (Month) Apr. (Day) 6 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 21 1879
9. AGE last birthday: 71 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired - office worker
10b. KIND OF BUSINESS OR INDUSTRY: Accounting
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Skelton Loomis
14. MOTHER'S MAIDEN NAME: Frances Hobart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mrs. C.E. Loomis - Idlewilde - Shady Side,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary insufficiency — Interval Between Onset and Death: 4 yrs.

420.1 94a (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Apr. 6, 1951, that I last saw the deceased alive on Apr. 5th, 1951, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

SIGNATURE: Bowie Linns Grant. (Degree or title) M.D. ADDRESS: Shady Side, Md. DATE SIGNED: 4.6.51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: April 9/51
NAME OF CEMETERY OR CREMATORY: FORT LINCOLN CEMETERY
LOCATION (City, town, or county) (State): COLMAR MANOR, PR. GEO. MD.

DATE REC'D BY LOCAL REG.: April 6, 1951
REGISTRAR'S SIGNATURE: [illegible] J B Dent
24. FUNERAL DIRECTOR: W.W. CHAMBERS Co - ADDRESS: RIVERDALE MD

000 VV


RECEIVED
APR 9 1951
BUREAU V. S.

3411

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21 8 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie; MARYLAND; LENGTH OF STAY (in this place): 4days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route # 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Richmond; STREET ADDRESS (If rural, give location): 3112 W. Grace St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peter	John	Manzi	April	26	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	June 12, 1888	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stage hand	Traveling carnival	Italy	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
none	265-07-8588	Mrs. Isabel Manzi. 312 W. Grace St. Richmond, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Gustave F. Pember M.D.	Asst. Deputy Medical Examiner, Glen Burnie, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 28, 51	Holy Cross	Brooklyn, A.A.Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/28/51	L. J. Dr Alba	Thomas W. Singleton, Glen Burnie, Md.

640859

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3412

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland; STREET ADDRESS (If rural, give location) 129 Conduint St.,

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Wilson (Last) MARLOW

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]

8. DATE OF BIRTH: 3-29-1902

9. AGE last birthday: 49 yrs. If under 1 year: Months 0, Days 10; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Oran Roscoe MARLOW

14. MOTHER'S MAIDEN NAME: Maggie MADDOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: U.S. Naval Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CONGESTIVE HEART FAILURE #434.1	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) EMPHYSEMA COMPENSATORY #527.1	4 years
	(c) CYSTIC DISEASE OF LUNG #759.0	Life

759.0

932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1951, to April 9, 1951 that I last saw the deceased alive on April 9, 1951, and that death occurred at 2:17 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.M. DOLPHIN, LTJG, MC, USNR U.S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND 4-9-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4-11-51	to	Hopkinsville, Ky.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 10, 1951	[signature]	B.L.Hopping and Son	Annapolis, Md.

673116

MARYLAND STATE DEPARTMENT OF HEALTH

3413

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LINTHICUM HEIGHTS - RURAL
LENGTH OF STAY (in this place): 4 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 226 POPLAR AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LINTHICUM HEIGHTS - RURAL
STREET ADDRESS (If rural, give location): 226 POPLAR AVENUE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JANE	WATSON	MCLEAN	April	23	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	May 18, 1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Scotland	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN B. WATSON	MARTHA CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	MRS. MARY BULLA, Linthicum Hgts, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pleural effusion	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the left lung	1 yr.
	(c)	

163X
47d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec 8, 1950, to April 23, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at 12:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Milton	Linthicum, M.D.	Linthicum Heights, Md	4/23/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	4.25.51	LOUDON PARK	BALTO.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 23, 1951	Ida M. Whitelow	James L. McCarney	130 E. Hatton Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

3414

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis (Eastport)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Eastport
STREET ADDRESS (If rural, give location) 341 Burnside Ave

3. NAME OF DECEASED (Type or Print): (First) AUGUSTUS (Middle) F. (Last) MILLS
4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: May-13-1874
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Baker
10b. KIND OF BUSINESS OR INDUSTRY: BAKER (RET.)
11. BIRTHPLACE (State or foreign country): Phila Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustus F. Mills
14. MOTHER'S MAIDEN NAME: Amelia Harder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: William O'Hara 341 Burnside Ave Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — 2 days

4413X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Oedema of Lungs — 2 days

9332 (c) Cardio-vascular hypertensive disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 9, 1951, to Apr. 13, 1951, that I last saw the deceased alive on Apr. 12, 1951, and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE: John M. Caffy M.D. (Degree or title) ADDRESS: Annapolis Md DATE SIGNED: Apr. 13, 1951

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE THEREOF: 4-13-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Phila Pa.

DATE REC'D BY LOCAL REG.: April 13, 1951
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: John M. Taylor, Son — ADDRESS: Annapolis

5004 16nd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3415

CERTIFICATE OF DEATH

Reg. Dist. No. 2c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Churchton; MARYLAND; LENGTH OF STAY (in this place) 55 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadwater

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Churchton; STREET ADDRESS (If rural, give location) Broadwater

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Virginia	Phipps	Apr.	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Married	Sept. 5 1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife	home	Maryland	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Franklin Phipps	Josephine Crutchley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Warren Hazard - Galesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction.	3 1/2 hrs.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Chr. Congestive heart failure	6 mos.
	(c) Arteriosclerotic Cardiovascular disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 19, 1951, to Apr. 3, 1951, that I last saw the deceased alive on Apr. 3, 1951, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bowie Linn Grant	M.D.	Shady Side, Maryland	Apr. 3, '51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Apr. 6 1951	QUAKER CEMETERY	GALESVILLE	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/5/51	Dep. Reg.	P. E. Haudesty & Son	Galesville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3416 22

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Ann Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pamphrey. LENGTH OF STAY (In this place) 3yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey
HOSPITAL OR INSTITUTION OR STREET ADDRESS 136 Bishop Ave.	STREET ADDRESS (If rural, give location) 136 Bishop Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fannie		Pitchford	April	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	W.	8-2-77	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.		Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Cheatham	Mildred ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Yulan L. Harris 129 Midland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lobar Pneumonia.	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Heart Disease	?
	(c)	

420.0
108

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-28, 1950, to Apr. 17, 1951, that I last saw the deceased alive on Apr. 17, 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Reynold Bligh Intern	501 Cherry Hill Rd.	4-17-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/20/51	Mt Calvary Cem	Brooklyn Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/20/51	Hes Hedrick	Elroy O. Wilson	1108 Bank

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3417

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margretts
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margretts
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (Last) Porter

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Porter

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Thomas E Johnson Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 24 hrs.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 33a. (b) Arterio - Sclerotic Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1951, to April 27, 1951, that I last saw the deceased alive on April 27, 1951, and that death occurred at 2.03 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Richardson M.D. Annapolis, Md. 4/27/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 4-29-51 NAME OF CEMETERY OR CREMATORY Asbury Broadneck LOCATION (City, town, or county) St. Margretts (State) Md

DATE REC'D BY LOCAL REG. April 27, 1951 REGISTRAR'S SIGNATURE W. T. French

24. FUNERAL DIRECTOR ADDRESS Arnold A. Johnson Annapolis

820105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3418

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A.A. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 304 Ferndale Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
STREET ADDRESS (If rural give location) 304 Ferndale Rd.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Aldrid (Last) Register

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 19 51

5. SEX Male | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced | 8. DATE OF BIRTH Jan 7- '76 | 9. AGE last birthday 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY House Carpenter | 11. BIRTHPLACE (State or foreign country) Cecil Co. Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 212-28-0877 | 17. INFORMANT Johanna Register.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X **Immediate cause** (a) Cerebral Haemorrhage — June 1949

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
83a (b) Arteria - Sclerosis — 10 yr.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 49, to 4/24, 19 51, that I last saw the deceased alive on 4/24, 19 51, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Chas. L. Ball Jr. | Linthicum Md. | 4/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4-27-51 | NAME OF CEMETERY OR CREMATORY Glen Haven Mem. | LOCATION (City, town, or county) (State) Ritchie Highway-Baltimore

DATE REC'D BY LOCAL REG. 4/26/51 | REGISTRAR'S SIGNATURE C W Bedsted | 24. FUNERAL DIRECTOR John L. Milly Inc. | ADDRESS 7435 E. Oliver St

VS-T

S10246

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3419

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place): 26 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural, give location): 64 Catapola Rd., North Severn Housing

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) Vivian (Last) ROBINSON

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negroid

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 9-29-19

9. AGE Last birthday: 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Samuel Martin

14. MOTHER'S MAIDEN NAME: Carrie Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) RUPTURE PREGNANT UTERUS WITH HEMORRHAGE #648.3	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DELIVERY INTERNAL VERSION COMPLICATED BY RUPTURE OF UTERUS #677.1	3 hours
	(c) PREGNANCY SINGLE WITH SHOULDER PRESENTATION OF FOETUS #647	4 hours

647X
149a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 April 19 51, to 24 April, 19 51, that I last saw the deceased alive on 24 April, 19 51, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

SIGNATURE: A.H. Dudley (Degree or title) A.H. DUDLEY, LTJG, MC, USNR ADDRESS U.S. NAVAL HOSPITAL, ANNAPOLIS, MD. DATE SIGNED 4-24-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 4-29-51 | NAME OF CEMETERY OR CREMATORY: McDowell Cemetery | LOCATION (City, town, or county) (State): Charleston, S. C.

DATE REC'D BY LOCAL REG.: 4/26/51 | REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: William Reese II, 108 Washington Annapolis, Md.

VS-A25

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3420 20

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Friendship
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Friendship
STREET ADDRESS (If rural, give location) Friendship

3. NAME OF DECEASED (Type or Print): (First) EDWARD HENRY (Middle) HENRY (Last) SANSBURY

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1957

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 22, 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Owned

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edwin H. Sansbury

14. MOTHER'S MAIDEN NAME: Emma W. Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Henry Sansbury, Friendship, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

410X
92b

(b) Rheumatic Heart Disease Mitral Stenosis — 42 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1950, to April 25, 1957, that I last saw the deceased alive on April 21, 1957, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Scott, Jr. MD Frederick, Md. 4/26/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 27, 1957

NAME OF CEMETERY OR CREMATORY Friendship Cemetery

LOCATION (City, town, or county) (State) Friendship

DATE REC'D BY LOCAL REG. Apr. 26 1957

REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm. H. Hutchins

ADDRESS Owings, Md.

4/30/57 W.R. Clayton

100105

MARYLAND STATE DEPARTMENT OF HEALTH

3421

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wade (Middle) H (Last) Sears
4. DATE OF DEATH: (Month) Apr. (Day) 5 (Year) 1951
5. SEX: ~~M~~ F
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH: June 1865
9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: FARMING TOBACCO
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Sears
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: B.O. Hardesty Galesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 10 yrs.
260X 61
(c) ~~Diabetes~~ Mellitus Hypertrophy of Prostate gland — 15 yrs. 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1951, to 4-5-, 1951, that I last saw the deceased alive on 4-5-, 1951, and that death occurred at 4 55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jane R. Martin M.D. Annapolis, Md. 4-5-51

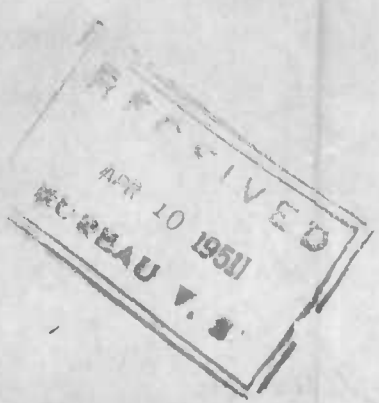
23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Apr 7 1951 | Quaker Cem | Galesville Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

April 7, 1951 | [signature] | T A Hardesty & Son | Galesville Md

10010


RECEIVED
APR 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3428

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lothian
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: West Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Springfield
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) May (Last) Seeders

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 2 1871

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sloansville W. Va

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Mellism

14. MOTHER'S MAIDEN NAME: Sallie Moreland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: George H. Seeders, Lothian Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	4 wks
442 Antecedent cause(s)	(b) Arteriosclerotic CVR Disease	Unk
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured right hip — 5 wks

19a. DATE OF OPERATION: 6 Mar 51

19b. MAJOR FINDINGS OF OPERATION: Fractured femur

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home — (CITY OR TOWN): Lothian — (COUNTY): Anne Arundel — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 3 1951 5:30 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: Accidental Fall

22. I hereby certify that I attended the deceased from 3 Mar, 1951, to 7 Apr, 1951, that I last saw the deceased alive on 5 Apr, 1951, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): B M Rowe M D — ADDRESS: Upper Marlboro Md — DATE SIGNED: Apr 7 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 10, 1951 — NAME OF CEMETERY OR CREMATORY: Fort Ashby Methodist — LOCATION (City, town, or county) (State): Fort Ashby, W. Virginia

DATE REC'D BY LOCAL REG.: 4/9/51 — REGISTRAR'S SIGNATURE: M. M. Taylor Reg Tract

24. FUNERAL DIRECTOR — ADDRESS: T. L. Hardesty & Son, Galesville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 3423

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 6 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakwood Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 618 - N. Belnord Ave.

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Edward (Last) Stein

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8/31/70

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Tailoring Firm

11. BIRTHPLACE (State or foreign country): Harmony - Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN. ?

14. MOTHER'S MAIDEN NAME: UNKNOWN ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NO

17. INFORMANT AND ADDRESS: Mrs. Charles O. Stein (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset and Death: 6 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

4/50.0
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April, 1947 to 4/25, 1951, that I last saw the deceased alive on April 1, 1951, and that death occurred at 10:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gustave A. Faulard M.D. Glen Burnie, Md. 4/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 4/28/51
NAME OF CEMETERY OR CREMATORY: BALTIMORE CEMETERY
LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG.: 4/27/51
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR / ADDRESS: JOHN F. DENNY, INC. 715 LIGHT ST. City

Dm

590656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3424

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 1 month 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore,
STREET ADDRESS (If rural, give location): 1926 McCulloh Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank		Thornton	4/18/51 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	colored	married	1878	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	none	Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
not known	not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
[illegible]		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	known since 4/14/51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

493X
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: General Arterioscloersos with Psychosis known 3/16/51

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none		none		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none		none

22. I hereby certify that I attended the deceased from 3/16/51, 19....., to 4/18/51, 19....., that I last saw the deceased alive on 4/18/51, 19....., and that death occurred at 4:08 A. m., from the causes and on the date stated above.

SIGNATURE: Just Marguerite M.D. (Degree or title) — ADDRESS: Crownsville, Md. — DATE SIGNED: 4/18/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 21, 1951	Fort Auburn Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/20/51	A W Hedrick	Holland Funeral Home	1631 Druid Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Basil

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3425

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasa
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pasa Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roy	V.	TYDINGS	4 – 20 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	W.		Oct 3 1875	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Ice Cream Parlor	A. A. Co Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry A. Tydings	Alverta Hallings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Mrs R. Clinton Bean Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Myocarditis Chr + Myocardial	Several
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Insufficiency	Years
443x 93d (c) Arteriosclerosis Generalized	Several
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension	Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1950, to April 20, 1951, that I last saw the deceased alive on April 18, 1951, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George C. Basil	M. D.	Annapolis Md	4-20-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	4-22-51	Cedar Bluff	Annapolis	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 22, 1951	Edward Colleran	John W. Layton Son	Annapolis Md.

290679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

WC 3426

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earleigh Heights, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Baltimore — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earleigh Heights, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Philip	F.	WAGNER	4	11	1951

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	White	Married	9/2/1884	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ELECTRICAL	AIRCRAFT	MARYLAND, Harford County	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY WAGNER	KATHERINE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	216-03-9993	Mrs. Margaret L. Wagner, Earleigh Heights, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Embolism

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Indigestion

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 7, 1951, to April 11 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J M McAnulty		Severna Park	7 Mar

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 14, 1951	Woodlawn Cemetery	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 14. 1951	R.W.	Miles Lamotte	4510 Liberty Heights Ave

640277

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3427

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenland Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Greenland Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenland Beach
STREET ADDRESS (If rural, give location) 209 Greenland Road.

3. NAME OF DECEASED (Type or Print): (First) Anton (Middle) Walker (Last)

4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 17. 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Anthony Walker 209 Greenland Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Partial heart Block. — 433.0 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1951, to 4-19, 1951, that I last saw the deceased alive on 4-19, 1951, and that death occurred at 7.30 P m., from the causes and on the date stated above.

SIGNATURE Thos. H. Phillips (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE 4/23/1951 — NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery — LOCATION (City, town, or county) (State): A. A. Co. Md.

DATE REC'D BY LOCAL REG. 4/20/51 — REGISTRAR'S SIGNATURE A. W. Frederick

24. FUNERAL DIRECTOR: Flynn-Fleming — ADDRESS: 1476 Light St.

VT

510246

3428

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. H. Halls Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
STREET ADDRESS (If rural, give location) W. H. Halls Farm

3. NAME OF DECEASED (Type or Print): (First) CHRISTOPHER (Middle) COLUMBUS (Last) WALLACE

4. DATE OF DEATH: (Month) APR. (Day) 6 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: MAR. 11 1898

9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS WALLACE

14. MOTHER'S MAIDEN NAME: MAGGIE MORELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) NO If yes, give war or dates of service:

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: NEOMA WALLACE, LOTHIAN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	unknown
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Claffy (Degree or title) M.D. Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 4/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Apr 8 1951 | NAME OF CEMETERY OR CREMATORY Moses | LOCATION (City, town, or county) Drury A.A. Co. Md (State)

DATE REC'D BY LOCAL REG. APR 16 1951 | REGISTRAR'S SIGNATURE H.M. Clayton Dep Reg

24. FUNERAL DIRECTOR Emil A. Johnson ADDRESS 8201 Annapolis,

3429

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A.Co. GEN. HOSPT.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY AA.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS; STREET ADDRESS (If rural, give location) 179 GREEN ST.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) WARD

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 4-22-1881

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: BOAT BLDG.

11. BIRTHPLACE (State or foreign country): A. A. Co. MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: RICHARD W. WARD

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-1353

17. INFORMANT AND ADDRESS: Susie P. Ward 179 Green St Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema	5 min.
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Arteriosclerotic C. V. Disease	yrs.
422	(c) Arteriosclerotic Vascular Disease	yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 48, to 51, that I last saw the deceased alive on 4/27, 1951, and that death occurred at 11:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Marvin Klemmer MD Annapolis Md 4/29/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

4-30-51 CEDAR BLUFF ANNAPOLIS MD

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

April 30, 1951 [signature] JOHN M. TAYLOR & SON ANNAPOLIS MD

510378

Item 9 on: FILM No. G 1 52 MAY 15 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3430

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudley | LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudley
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) (Last) Watkins

4. DATE OF DEATH: (Month) Apr (Day) 29 (Year) 1951

5. SEX Male | 6. COLOR OR RACE Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct 6, 1863 | 9. AGE last birthday 87 yrs. | If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming hand | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Calvert Co | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Watkins | 14. MOTHER'S MAIDEN NAME Priscilla Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no | 16. SOCIAL SECURITY No. no | 17. INFORMANT AND ADDRESS Kenneth Watkins Sudley Rte

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 4 Weeks

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

422.1 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1951, to April 29, 1951, that I last saw the deceased alive on April 29, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE R. L. Richardson | (Degree or title) M.D. | ADDRESS Riverdale, Md. | DATE SIGNED 5/2/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE May 2 1951 | NAME OF CEMETERY OR CREMATORY David Starkey | LOCATION (City, town, or county) West River | (State) Md.

DATE REC'D BY LOCAL REG. 5/2/51 | REGISTRAR'S SIGNATURE W. B. Clayton, Deputy Reg. | 24. FUNERAL DIRECTOR J. A. Hardesty & Son | ADDRESS Galesville Md.

820105

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3431

FILM No. G 132 APR 18 1951 **CERTIFICATE OF DEATH**

Reg. Dist. No.....

1. PLACE OF DEATH · COUNTY MD · MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MARLEY PARK A.A.Co LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 THE GREENWAY	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE MD · COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MARLEY PARK A.A.Co STREET ADDRESS (If rural, give location) 6 THE GREENWAY

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	HENRY	WHARRAN	4	8	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W	WIDOWED	MAY 2, 1874	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SUPT.	CAR WHEEL Co.	CANADA	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT WHARRAN	MARTHA HANNAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		FORREST C. WHARRAN · 6 THE GREENWAY MARLEY PK.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	hemorrhage intern. of aorta	5 months
451/x **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 96 (b)	aneurysm of aorta, nonsyphilitic (4/18/51 akc)	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 11-10-50, to 4-8-51, that I last saw the deceased alive on 4-8-51, and that death occurred at 5 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
(EUGENE) Eugene Schitzer (SCHNITZER)		3904 S. Hanover Balto 25.	4-9-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4/11/51	CEDAR HILL	RITCHIE HIGHWAY

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/10/51	D.W. Hedrick Jr.	JOHN F. DENNY, INC	715 LIGHT ST - 30

290376

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3432

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; MARYLAND; LENGTH OF STAY (in this place): 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Point Pleasant; STREET ADDRESS (If rural, give location): Box 190

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Miller (Last) WINGATE

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-1-1872

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: USN

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry WINGATE

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish American, WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL THROMBOSIS #332	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERAL ARTERIOSCLEROSIS #450	Years
332x 831	(c) HYPERTENSION, ESSENTIAL BENIGN #444	Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1951, to April 16 1951, that I last saw the deceased alive on April 16, 1951, and that death occurred at 0538 A m., from the causes and on the date stated above.

SIGNATURE: L.D. Nelson (Degree or title) L.D. NELSON, LTJG, MCR, USNR ADDRESS U.S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND DATE SIGNED 4-16-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	4/20/51	Glen Haven	Glen Burnie

DATE REC'D BY LOCAL REG. 4/17/51 | REGISTRAR'S SIGNATURE: A W Reducci | 24. FUNERAL DIRECTOR: James L. McCurley ADDRESS - 130 E. Fort Ave.

VJT

544416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

3433

Reg. Diat. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 5-5-15

1. PLACE OF DEATH:
County: St A Co.
City or town: Pasadena, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs
Hospital, institution, or street address where death occurred: Pierpoint Drive
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: St A Co.
City or town: Pasadena
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Pierpoint Grove
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Michael H Yaske

3.(b) Social Security Number: 705-09-0222

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Anna A. Yaske
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 28, 1876.

8. AGE: Years	Months	Days	If less than one day
74	6	1	hrs. min.

9. Birthplace: Germany
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Bldg
12. FATHER Name: William Yaske
13. FATHER Birthplace: Germany
14. MOTHER Maiden name: Unknown
15. MOTHER Birthplace: Germany
16. Informant: Mrs Anna A. Yaske
Address: Pierpoint Drive Pasadena Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/3/51 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cem.
Location: Ritchie Highway
18. Funeral director: John J Cowail Son
Address: 906 E Ellis St
19. 4/30/51 (registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29th 1951, at 11 45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/9 1951 to 4/29 1951
and that I last saw h... alive on 4/14 1951

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to: Arteriosclerotic Cardiovascular Renal Disease	2 years
Due to: 420.1	
Other conditions 93d	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Brady Smith, M.D.
M. D. or other
Address: Riviera Beach Md. Date signed: 4/30/51

510606